

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>David Mack 7720 McCallum Blvd # 2099 Dallas, Tx 75252</p>	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 9/6/11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>4:11cv344 + 4:11cv343</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7010 2780 0000 9134 8677</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT OF TEXAS

SEP - 8 2011

DAVID J. MALAND, CLERK
BY
DEPUTY _____